

No. 56-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Margaret (Halley) O'DonnellAge 94 years 11 months 20 daysPlace of death Southville Rd., SouthboroDate of death Jan 9, 1956Cause of death AtherosclerosisInterment at St. Luke's Cem., WestboroDate permit issued Jan 11, 1956Certified by Walter Mahoney M. D.

No. 56-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Margaret O'DonnellIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Cemetery - Westboro
(Name of cemetery or crematory) (City or town)on March 2, 1956Certified by Raymond S. Burke
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56.2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Eastman Funeral Serv. Inc.Name of deceased Addie WilburAge 90 years - months 28 daysPlace of death Main St., SouthboroDate of death 2/16/56Cause of death Cerebral ThrombosisInterment at Mt. Auburn, Cambridge.Date permit issued 2/18/56Certified by I. Stone M. D.

No. 56-2

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health (Office issuing permit) P.O. Box 97

City or Town of SOUTH BORO Mass.

Name of deceased Addie V. Wilbur

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Auburn Cemetery, Cambridge (Name of cemetery or crematory) (City or town)

on February 20, 1956.

Certified by 24 C Philpott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56.3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Nancy Maria StefanoAge 84 years 10 months 5 daysPlace of death Central St., Jayville.Date of death 3/18/56Cause of death ?Cancer, stomach.Interment at Rural - SouthboroDate permit issued 3/19/56Certified by J. D. Stone, M. D.

No. 56-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Nancy Maria StefanoIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Southboro
(Name of cemetery or crematory) (City or town)on Entombed 2/21/56Certified by J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-45**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to James E. Fay 9 Hammond St
Worcester.Name of deceased May BeliveauAge 80 years 2 months 25 daysPlace of death Central St., Fayville.Date of death May 12, 1956Cause of death Cerebral Hemorrhage.Interment at Notre Dame - Worcester.Date permit issued May 14, 1956Certified by Walter F. Mahoney - Exam. med. M. D.

No. 56-5

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to..... Agent, Board of Health
Town Clerk
222 (Office issuing permit)

to Town Clerk

(Office issuing permit)

P.O. Box #97 (Office issuing)

City or Town of Southboro Mass.

Name of deceased Mary Belliveau

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Notre Dame Worcester
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on May 15-1956

Certified by J. C. L. Paradise
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-#4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W. M. Offutt - Cem'y Supt.Name of deceased John GethartAge 62 years - months - daysPlace of death Hartford VTDate of death 5/1/56Cause of death not given - Vt. Burial Transit permit.Interment at Rural-SouthboroDate permit issued 5/3/56Certified by ~~W. M. Offutt~~ X M. D.

No. **56-114****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **John Gebhart**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cem. Southboro**
(Name of cemetery or crematory) (City or town)on **May 4, 1956**Certified by **[Signature]**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Massie L. TrioliAge 59 years 7 months 8 daysPlace of death Turnpike, SouthboroDate of death May 29, '56Cause of death Fractured SkullInterment at Rural, SouthboroDate permit issued May 30, '56Certified by Walter F. Mahoney ^{Med} Examiner M. D.

No. 56-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97, Southboro Mass.

Name of deceased Massie L. Trioli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W.M. Offutt. Cem'y Supt., SouthboroName of deceased Edward Day Heath
bro of Ann (Heath) (Mrs. Ralph) CramAge 45 years - months - daysPlace of death Bay Pines, FloridaDate of death 5/24/56Cause of death not specified (Fla. Burial-Transit
permit)Interment at Crem - SouthboroDate permit issued 5/27/56Certified by x permit
1460
Pinellas County M. D.

No. 56-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agents, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward Day Heath

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Crem. Southboro
(Name of cemetery or crematory) (City or town)on May 28, 1956Certified by J. H. M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MorrisName of deceased Pasquale MannoAge 86 years 8 months 22 daysPlace of death Tunpike, Fayetteville.Date of death 6/19/56Cause of death Cerebral ThrombosisInterment at RuralDate permit issued 6/20/56Certified by J. L. Stone M. D.

No. 56-8

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97, Southboro Mass.

Name of deceased Pasquale Mauro

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro, Mass.
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 21, 1956

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to T. F. Callanan + Son
HopkintonName of deceased Thomas F. FitzgeraldAge 55 years 11 months 23 daysPlace of death Woodland Rd, SouthboroDate of death June 25, 1956Cause of death Internal injuries of Chest + AbdomenInterment at Rural - SouthboroDate permit issued June 26, 1956Certified by Walter Mahoney Blue Slip. M. D.

No. 56-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Thomas F. Fitzgerald

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 28, 1956

Certified by J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. SullivanName of deceased Mary E. BurkeAge 73 years 10 months 24 daysPlace of death Southville Rd., SouthvilleDate of death 7 / 24 / 56Cause of death Sudden Death: presumably
coronary sclerosisInterment at St. Joseph - Lynn.Date permit issued 7 / 26 / 56Certified by Walter Mahoney M. D.

No. 56-10**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to ~~John W. Davis~~ Agent, Board
(Office issuing permit) of HealthCity or Town of P.O. Box 97, Southboro Mass.Name of deceased Mary E. BurkeIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat St Joseph Lynn
(Name of cemetery or crematory) (City or town)on July 27, 1956Certified by Raymond C. Martens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. TigheName of deceased Catherine FirminAge 82 years 8 months 8 daysPlace of death Main St., SoutboroDate of death Oct 18, 1956Cause of death Chronic NephritisInterment at Rural - S'boroDate permit issued 10/18/56Certified by Dr. J. D. Kable M. D.

No. 56-11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Catherine Firmin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cem. Southboro, Mass.
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Oct. 20, 1956

Certified by W. H. Stevens
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

Harold Stivers

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MonisName of deceased Gemma SoraAge 69 years 2 months 15 daysPlace of death Southville Rd, Cordaville.Date of death 11/14/56Cause of death Sudden Death, presumably
coronary thrombosisInterment at Rural - SouthboroDate permit issued 11/16/56Certified by Walter Mahoney blue
certificate.

M. D.

No. **56-12****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **P.O. Box 97, Southboro.** Mass.Name of deceased **Gemma Sora**If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat **Rural Cemetery, Southboro**
(Name of cemetery or crematory) (City or town)on **November 17, 1956**Certified by **Harold A. Stivers**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to C C Shepherd - WeymouthName of deceased Oscar SaundersAge 74 years 9 months 16 daysPlace of death Jay SchoolDate of death 11/30/56Cause of death Sudden Death Presumably
Coronary ThrombosisInterment at Pine Hill Cem. - W. BridgewaterDate permit issued 11/30/56Certified by W. Mahoney (Blue
Certificate) M. D.

No. 56-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Oscar SaundersIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Pine Hill West Bridgewater
(Name of cemetery or crematory) (City or town)on Dec. 2, 1956Certified by G. I. Golder
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to John A. Kennedy
Hudson

Name of deceased Homer W. Blanchard

Age 72 years 7 months 8 days

Place of death Woodland Rd, Fayville

Date of death 2/2/57

Cause of death Cancer of Prostate.

Interment at Main St Cemiy - Hudson

Date permit issued 2/3/57

Certified by J. Stone. M. D.

No. 57-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Homer W. Blanchard.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Main St Cemetery Hudson Mass
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Feb 4, 1956

Certified by Henry Hubert Suft
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased John Adamson

Age 61 years 9 months 20 days

Place of death White Bayley Rd., Southboro

Date of death Feb 7, 1957

Cause of death Valvular Heart Disease - ? rheumatic

Interment at Rural - Southboro

Date permit issued 2/8/57

Certified by J. B. Stone.

M. D.

No. 57-2

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Adamson

If a U. S. War Veteran, specify what war, organization, etc.

WWI - Cpl - Provisional Supply Train.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

(City or town)

on February 9, 1957

Certified by

Harold A. Stiers

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57.3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to DC MorrisName of deceased Alison Carter SawlerAge 2 years 3 months 26 daysPlace of death Southville - R.R. TrackDate of death 3/7/57Cause of death Track. Skull - struck by train.Interment at Rural - SouthboroDate permit issued 3/8/57Certified by Walter Mahoney medical
Examiner. M. D.

No. 57-3

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Alison C. SawlerIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

(City or town)

March 9, 1957

on _____

Certified by

Harold A. Sturges

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Iwring W. HarperName of deceased John W. DunlopAge 83 years 11 months 15 daysPlace of death High Sr.Date of death 4/7/57Cause of death CVAInterment at Mr. Auburn - Cambridge.Date permit issued 4/8/57Certified by Marilyn Meserve. M. D.

No. 57-4

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased John W. Dunlop

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Auburn Crematory
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on April 10, 1957

Certified by H. C. Philpott a
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. Rowe - Marlboro.Name of deceased Delia LedouxAge 80 years 4 months 13 daysPlace of death Main St., SouthboroDate of death 6/25/57Cause of death Arteriosclerotic Heart DiseaseInterment at St. Mary's - Marl.Date permit issued 6/25/57Certified by J. P. Stone, M. D.

No. 57-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John A. CunninghamName of deceased John R. FoleyAge 72 years 2 months 11 daysPlace of death Southboro Town Hall.Date of death 21 Sept '57Cause of death Acute Coronary Occlusion.Interment at Sr. Stephens - Fram.Date permit issued 9-23-57Certified by Greenleaf ^{med} Exam M. D.

No. 87-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased John Richard FoleyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat St Stephens Cemetery
(Name of cemetery or crematory) (City or town)on Sept 21, 1957Certified by J. J. Fomalons
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Buisson + MorinName of deceased Emilia Brodem MorinAge 81 years 1 months 10 daysPlace of death Parkville Rd., SouthboroDate of death Oct 5, 1957Cause of death Arteriosclerotic Heart DiseaseInterment at Rural - SouthboroDate permit issued 10/5/57Certified by A. E. Le Marbre.

M. D.

No. 57-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit) PO Box 97

(Office issuing permit)

P.O. Box 97

City or Town of Southington Mass.

Name of deceased Emilia Brodeur Morin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Oct. 7, 1957

Certified by Karol A. Stevens
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MonioName of deceased George GulbankianAge 69 years 3 months 2 daysPlace of death Cordville Rd., SouthboroDate of death 10/9/57Cause of death Coronary Thromb.Interment at Rural - SouthboroDate permit issued 10/12/57Certified by Walter Mahoney (medical examiner) M. D.

No. 57-8

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)
P.O. Box # 97

(Office issuing permit)

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased George Gultankian

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

(City or town)

on October 12, 1957

Certified by

Harold O. Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to C. Ronald MerriamName of deceased Thomas ArmstrongAge 87 years 7 months 3 daysPlace of death E Main St, SouthboroDate of death Nov 7, 1957Cause of death Cerebral ThrombosisInterment at Rural - SouthboroDate permit issued Nov 8, 1957Certified by J. B. Stone M. D.

No. 57-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Thomas Armstrong

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

November 10, 1957

Certified by Karold A. Stivers
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Perazzo Funeral Church

42nd St
NYC.

to

Issued to

Donald C. Morris

Name of deceased

Mary Giannia

née
Pessini

Age

91

years

7

months

13

days

Place of death

General Sr., Fayetteville

Date of death

11/8/57

Cause of death

Atherosclerotic Heart Dis.

Interment at

Calvary Cemetery

NYC
NY

Date permit issued

11/8/57

Certified by

M. Meserve.

M. D.

No. 57-10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agents, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Mary Riannia

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Calvary Cemetery Queens L.I.
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Nov 11, 1957

Certified by John B. Perazzo Funeral Director N.Y.
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to DC Morris

Name of deceased John Gardner Alden

Age 0 years 1 months 22 days

Place of death Central St., Fingerville.

Date of death 11/15/57

Cause of death Asphyxiation.

Interment at Rural

Date permit issued 11/15/57

Certified by Walter F. Mahoney (Med Exam.) M. D.

No. 57-11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of PO Box 97, Southboro Mass.

Name of deceased John Gardner Alden

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro, Mass.
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on November 15, 1957

Certified by Karabl A Stevens
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 58-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D C MorrisName of deceased Evaresto J. CarloniAge 67 years 7 months 24 daysPlace of death Newton St., SouthboroDate of death 1-23-58Cause of death Sudden Death, Presumably
Coronary ThrombosisInterment at Rural Cem'y - SouthboroDate permit issued 1-26-58Certified by Walter Mahoney ^{med} Exam. M. D.

No. 58-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Evanisto J. CarloniIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsRural Cemetery, Southboro, Mass.at _____
(Name of cemetery or crematory) (City or town)January 27, 1958

on _____

Certified by Harold A. Stevas
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 58-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Grace Jay Barker

Age

67

years

6

months

6

days

Place of death

E Main St., Southboro

Date of death

3-6-58

Cause of death

Sudden Death, Presumably Coronary
Thrombosis.

Interment at

Rural - S.boro

Date permit issued

3-7-58

Certified by

Walter MahoneyMed.
Exam'r

M. D.

No. 58-2

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Grace Fay Barker

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro, Mass
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on March 8, 1958

Certified by Harold Stivers
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

year
58-3
this year**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

undertaken
Issued to DONALD C MORRISName of deceased ADA J BERRYAge 81 years 6 months 21 daysPlace of death SOUTH BOROUGHSDate of death MARCH 30, 1958Cause of death ARTERIOSCLEROTIC
HEART DISEASEInterment at WYOMING CEMETERY
MELROSE MASS.Date permit issued MARCH 31, 1958Certified by MAURILYN MOSERVEsignature of
certification
M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Board of Health

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Ada J. Berry

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Weymouth Cemetery

(Name of cemetery or crematory)

(City or town)

on

4-1-58

Certified by

H. O. Milton East

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to HyperName of deceased Bontilien, Edith E.Age 74 years 8 months 5 daysPlace of death Southville Rd., Southville.Date of death 1 / 17 / 59Cause of death Sudden Death, presumedcremation~~Interment at~~ CoronaryWorcester (Rural Cem.)Date permit issued 1 / 19 / 59Certified by J. P. Stone, M. D.

No. 59-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97 Southboro Mass.

Name of deceased Edith E. Boutilier

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS. (Name of cemetery or crematory) MASS. (City or town)

(Name of cemetery or crematory)

on January 21, 1959

Certified by Christa Davis
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

E.

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard CaldwellName of deceased Ennice EllsworthAge 68 years 10 months 19 daysPlace of death Valley RdDate of death 2/3/59Cause of death BronchopneumoniaCremation
Interment at Rural - WorcesterDate permit issued 2/5/59Certified by J.B. Stone M. D.

No. 59-2

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of PO Box 97 Southboro, Mass.

Name of deceased Eunice J. Ellsworth

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS

(Name of cemetery or crematory)

(City or town)

on February 7, 1959

Certified by

(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

NO. 7. E.

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Henry J. Burke
Wellesley

Name of deceased Thomas J. Kilmain

Age 62 years 8 months 18 days

Place of death Cordaville Rd

Date of death 3 / 7 / 59

Cause of death Sudden Death, presumably
Coronary Thrombosis

Interment at St Mary's - Needham

Date permit issued 3 / 9 / 59

Certified by Mahoney as med
Examiner. M. D.

No. 59-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of 10 Box 97 Southboro Mass.Name of deceased Thomas J. Kilmain

If a U. S. War Veteran, specify what war, organization, etc.

WWI, U.S. Navy #102-51-43**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Marys Cemetery Needham
(Name of cemetery or crematory) (City or town)on March 10-1969Certified by H. C. Banoff asst supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MorioName of deceased Antonio L. J. PessiniAge 89 years 11 months 15 daysPlace of death Central St. - at home.Date of death 4/25/59Cause of death Cerebral Thrombosis -Interment at Rural - S.boro.Date permit issued 4/26/59Certified by J.P. Stone, M. D.

No. 59-4

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97, Sandwich Mass.

Name of deceased Antonio L. J. Pessini

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on April 28 1959

Certified by Karahl Stevens
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rob't WadsworthName of deceased Vernon Elisha ParmenterAge 69 years 9 months 8 daysPlace of death John Sr., Jayville.Date of death 5/11/59Cause of death Coronary Heart Disease.Interment at Newton CrematoryDate permit issued 5/13/59Certified by Hugh Folsom M. D.

No. 59-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Vernon E. ParmenterIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at NEWTON CEMETERY & CREMATORY
(Name of cemetery or crematory) (City or town)on May 14 - 1959Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rowe - MarlboroName of deceased Eugene S. Howe.Age 65 years 2 months 7 daysPlace of death home: Marlboro Rd.Date of death 26 May 59Cause of death Sudden Death, presumably Coronary
ThrombosisInterment at Graceland Cem. - Albany NYDate permit issued 5/27/59Certified by W. Mahoney - med exam M. D.

No.

8713
59-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of 97 Southboro Mass.Name of deceased Engene S. Howe.

If a U. S. War Veteran, specify what war, organization, etc.

WW I ; 33rd Inf ; 2nd Lt.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Graceland Cemetery Albany, N.Y.
(Name of cemetery or crematory) (City or town)on May 29, 1959 (Lot #143 Sect F grave 8)Certified by W. Gordon Morris Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased John A. DeBusAge 61 years 9 months 12 daysPlace of death Trunkpike, Bayville Shamrock
Morel.Date of death July 8, 1959Cause of death Coronary Thrombosis
Long Island National Cem.Interment at Pinelawn, L.I., N.Y.Date permit issued July 8, 1959Certified by J. D. Stone. M. D.

No. 59-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John A. DeBus

If a U. S. War Veteran, specify what war, organization, etc.

WW I**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at LONG ISLAND NATIONAL CEMETERY
FARMINGDALE, NEW YORK (City or town)on JUL 13 1959Certified by JOSEPH J. WALSH, Sr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 69-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to T.F. Callanan + SonName of deceased Anna T. HarringtonAge 85 years 3 months 6 daysPlace of death Southville Rd, SouthvilleDate of death 8/25/59Cause of death Sudden Death, Presumably
Coronary SclerosisInterment at Rural - SouthboroDate permit issued 8/27/59Certified by Walter Mahoney ^{Med Exam.} M. D.

No. **59-8****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Bd of Health**
(Office issuing permit)City or Town of **Box 97, Southboro** Mass.Name of deceased **Anna T. Harrington**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat **Rural Cemetery Southboro Mass**
(Name of cemetery or crematory) (City or town)on **Aug 27 1959**Certified by **Karol Stivers**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

J.S. Waterman + Sons Inc.

Name of deceased

Ralph J. Watson

Age

59

years

11

months

1

days

Place of death

Rte 9 @ Rte 85 underpass.

Date of death

9-23-59

Cause of death

Fractured Skull.

Interment at

Forest Hills Cem., Boston.

Date permit issued

9-24-59

Certified by

Walter MahoneyMedExam

M. D.

No. 59-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Ralph G. Watson

If a U. S. War Veteran, specify what war, organization, etc.

WW I - US Army - Pfc - #768495**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsForest Hills Cemeteryat _____
(Name of cemetery or crematory) (City or town)on Sept. 26, 1919Certified by Forest G. Langranes
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D C MorrisName of deceased Ruth (Brown) CowardinAge 66 years 2 months 22 daysPlace of death E Main St, SouthboroDate of death 9/27/59Cause of death Carcinoma, ovaryInterment at Rural, SouthboroDate permit issued 9/28/59Certified by J. P. Stone M. D.

No. 59-10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Ruth (Brown) Cowardin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Sept 29 1959

Certified by Harold Stivers
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard CaldwellName of deceased Clarence Willard WentworthAge 77 years 1 months 23 daysPlace of death Main St., S.boroDate of death 11/11/59Cause of death Sudden Death, presumably
Coronary SclerosisInterment at Mt Auburn - CambridgeDate permit issued 11/12/59Certified by Walter Mahoney as med
Examiner. M. D.

No. **59-11****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **P.O. Box 97, Southboro** Mass.Name of deceased **Clarence W. Wentworth**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat **Mount Auburn Crematory** **Watertown**
(Name of cemetery or crematory) (City or town)on **Nov. 13, 1959**Certified by **Herbert C. Philcott**
(Signature of Superintendent, cemetery or crematory) *a*

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased John Robert McCarthyAge 66 years 7 months 29 daysPlace of death Middle Rd.Date of death 12-23-59Cause of death Carcinoma, Prostate.Interment at O'hara's Corners, Freehold, N.Y.Date permit issued 12-25-59Certified by J.B. Stone, M. D.